



Rachel's Young At Art Studio
7366 E. Shea Blvd. Suite 112
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COVID-19 WAIVER, RELEASE AND ASSUMPTION OF RISK FORM

CHILD NAME _____ AGE _____

PARENT/GUARDIAN NAME _____

On behalf of my myself, my household members, and my minor child, I hereby give permission for my child to attend any and all programs at Rachel's Young at Art Studio, including camps, special events and classes. My child and I are familiar with, and knowingly and voluntarily accept any and all risks associated with attending programs at Rachel's Young at Art Studio.

I specifically assume all risks and hazards associated with my child's participation in programs at Rachel's Young at Art Studio including, but not limited to, the risks associated with the COVID-19 virus. I understand that my child will be associating with staff and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in programs at Rachel's Young at Art Studio. Although the children and staff may have their temperatures taken upon entering the studio, that precaution is not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. I understand and assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

I certify that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in programs at Rachel's Young at Art Studio. I will notify the studio and not send my child to any program if my child develops a fever or illness or tests positive for COVID-19.

To the fullest extent permitted by law, I hereby forever release and waive my right to bring suit against Rachel's Young at Art Studio and its owners, managers, agents, employees, volunteers or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to Rachel's Young at Art Studio's programs and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

PARENT/GUARDIAN NAME (PRINTED) _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____